

**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

**SECTION A**

INDUSTRIAL <u>180-2670</u>			
8110	8115	8120	8205
SEP 19 2000			

1. Company Name ACTWELL INC
2. Permit Number if applicable: \_\_\_\_\_
3. Location: SAME  
32200011 Zip Code: \_\_\_\_\_
4. Mailing Address 5 TAFT ROAD  
TOTOWA NJ Zip Code: 07512
5. Person to contact concerning information provided in this application:  
 Name of Contact Official: JAMES HOWELL  
 Title: V.P. Phone No. \_\_\_\_\_  
 Address SAME Zip code 973-890-7900
6. Number of Employees – Full Time: 70 Part Time: \_\_\_\_\_  
 Number of Work Days Per Year: 249  
 Number of Shifts Per Day: 2
7. If property is owned indicate block and lot number(s):  
BLOCK 170.04 LOT 1  
 Assessed Value: 2,400,000 19 99
8. If property is rented indicate name and address of owner:  
HOBEN INC  
5 TAFT ROAD TOTOWA NJ. 07512  
 Total square feet rented: 67,000
9. List NJPDES Permit Number if applicable, NONE and  
 Name of receiving Body of Water entered NONE

## SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier:
- TOTOWA BOROUGH WATER DEPT
- 
- List all Account #'s:
- BL-170.04 LOT 1

12. Water Received: From Mo.
- 9
- Yr.
- 00
- Through Mo.
- 9
- Yr.
- 00
- 
- (\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr. *	<u>431,596</u>			
2 <sup>nd</sup> Qtr. *	<u>431,600</u>			
3 <sup>rd</sup> Qtr. *	<u>518,365</u>			
4 <sup>th</sup> Qtr. *	<u>605,130</u>			

GRAND TOTAL 1,986,691  
Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	<u>496,673</u>		
Process waste water	<u>1,490,018</u>		
Cooling water			
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL 1,986,691

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

Y - N

To the Combined Sewer

Y - N

To the Storm Sewer

Y - N

River or Ditch

Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
<u>N/A</u>			

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous \_\_\_\_\_  
or intermittent 7 AM - 11:30 PM each operating day.

If the discharge is intermittent, it occurs between the following hours: 7 - 11:30 PM

17. Brief description of Manufacturing or other activity performed: ADVERTISING  
DISPLAYS, WIRE & METAL RACKS AND  
SHELVING, POWDER COATING AND PACKING

List SIC CODE #: 3993

18. Principal Raw Materials used: BRIGHT BASIC WIRE  
COLD ROLLED STEEL SHEETS AND TUBING  
POWDER COATING

19. Principal Products or Services: DISPLAYS, METAL SHELVING,  
WIRE RACKS, POWDER COATING



20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.  
Include variations in product lines which affect waste characteristics: NONE

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 PERISTALTIC PUMP FOR  
COMPOSITE SAMPLE. GRAB SAMPLE MANUAL DIRECT INTO  
Outlet SAMPLE BOTTLE

Outlet \_\_\_\_\_  
Outlet \_\_\_\_\_

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>1</u>	<u>✓</u>	<u>PERISTALTIC PUMP</u>	<u>YES</u>

SECTION D (continued)

## 23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
TBD	* 12,800	Y	POSITIVE - - DISPLACEMENT FLOW-TOTALIZER	

24. Frequency of calibration of each flow meter: ANNUAL

## 25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1 TO BE REPORTED AT START OF OPERATION

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98

**SECTION E (continued)**

Samples collected by: James Howell / Actwell Inc  
 Date: START OF OPERATION

Sample analyzed by: NONE Date: \_\_\_\_\_

Products being manufactured when sample was collected: \_\_\_\_\_

27. Who <sup>will</sup> performs the analyses of the samples for User Charge? \_\_\_\_\_  
INTEGRATED ANALYTICAL LABS INC

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Y

29. Who performs the analyses of the samples for the Pretreatment Parameters?  
INTEGRATED ANALYTICAL LABS INC

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

INTEGRATED ANALYTICAL LABS LLC <sup>NJDEPLAB #14751</sup>

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

BASED ON PAST HISTORY.



**SECTION F****PRETREATMENT**

32. Industrial Category: 40 CFR 433.17  
 Subpart (s): (A) METAL FINISHING
33. Compliance date(s): TBD
34. Is facility in compliance? TBD If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: TBD
36. Compliance schedule submitted: TBD  
 If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_  
 \_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
 If yes, describe NO
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
 If yes, describe TBD, WE DO HAVE CONTAINMENT & NEUTRALIZATION MATERIALS.
39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N NO
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: \_\_\_\_\_  
 Is there any plan to discharge groundwater?  
NO



**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: JAMES B. HOWELL  
Print Name

TITLE: V/P. GEN MANAGER

8/22/00  
DATE

James B. Howell  
SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene				✓	2,4 dimethylphenol				✓
acrolein				✓	2,4 dinitrotoluene				✓
acrylonitrile				✓	2,6 dinitrotoluene				✓
benzene				✓	1,2 diphenylhydrazine				✓
benzidine				✓	ethylbenzene				✓
carbon tetrachloride (tetrachloromethane)				✓	fluoranthene				✓
chlorobenzene				✓	4-chlorophenyl phenyl ether				✓
1,2,4-trichlorobenzene				✓	4-bromophenyl phenyl ether				✓
hexachlorobenzene				✓	bis(2-chloroisopropyl) ether				✓
1,2 dichloroethane				✓	bis(2-chloroethoxy) methane				✓
1,1,1 trichloroethane				✓	methylene chloride(dichloromethane)				✓
hexachloroethane				✓	methyl chloride (chloromethane)				✓
1,1,dichloroethane				✓	methyl bromide (bromomethane)				✓
1,1,2 trichloroethane				✓	bromoform(tribromomethane)				✓
1,1,2,2 tetrachloroethane				✓	dichlorobromomethane				✓
chloroethane				✓	trichlorofluoromethane				✓
bis(chloromethyl) ether				✓	dichlorodifluoromethane				✓
Bis(2 chloroethyl) ether				✓	chlorodibromomethane				✓
2-chloroethyl vinyl ether mixed				✓	hexachlorobutadiene				✓
2-chloronaphthalene				✓	hexachlorocyclopentadiene				✓
2,4,6, trichlorophenol				✓	isophorone				✓
parachlorometa cresol				✓	naphthalene				✓
Chloroform (trichloromethane)				✓	nitrobenzene				✓
2 chlorophenol				✓	2-nitrophenol				✓
1,2, dichlorobenzene				✓	4-nitrophenol				✓
1,3, dichlorobenzene				✓	2,4-dinitrophenol				✓
1,4, dichlorobenzene				✓	4,6 dinitro-o cresol				✓
3,3, dichlorobenzidine				✓	N-nitrosodimethylamine				✓
1,1,dichloroethylene				✓	N-nitrosodiphenylamine				✓
1,2 trans-dichloroethylene				✓	N-nitrosodi-n-propylamine				✓
2,4,dichlorophenol				✓	pentachlorophenol				✓
1,2, dichloropropane				✓	phenol				✓
1,3, dichloropropylene				✓					
(1,3 dichlor propene)				✓					

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				✓	endrin				✓
butylbenzylphthalate				✓	endrin aldehyde				✓
di-n-butylphthalate				✓	heptachlor				✓
di-n-octylphthalate				✓	heptachlor (epoxide)				✓
diethylphthalate				✓	BHC Alpha				✓
dimethylphthalate				✓	BHC Beta				✓
benzo(a)anthracene				✓	BHC Gamma				✓
benzo(a)pyrene				✓	BHC Delta				✓
3,4 benzo(a)fluoranthene				✓	PCB1242				✓
benzo(k) fluoranthene				✓	PCB1254				✓
chrysene				✓	PCB1221				✓
acenaphthylene				✓	PCB1232				✓
anthracene				✓	PCB1248				✓
benzo(ghi)perylene				✓	PCB1260				✓
fluorene				✓	PCB1016				✓
phenanthrene				✓	toxaphene				✓
dibenzo (a,h) anthracene				✓	antimony(total)				✓
indeno (1,2,3-c,d) pyrene				✓	arsenic (total)				✓
pyrene				✓	asbestos (fibrous)				✓
tetrachloroethylene				✓	beryllium (total)				✓
toluene				✓	cadmium (total)				✓
trichloroethylene				✓	chromium (total)				✓
vinyl chloride				✓	copper (total)	✓			✓
aldrin				✓	cyanide (total)				✓
dieldrin				✓	lead (total)		✓		✓
chlordane				✓	mercury (total)				✓
4,4 DDT				✓	nickel (total)		✓		✓
4,4, DDE				✓	selenium (total)				✓
4,4, DDD				✓	silver (total)				✓
endosulfan I				✓	thallium (total)				✓
endosulfan II				✓	zinc (total)	✓			✓
endosulfan sulfate				✓	2,3,7,8, tetrachlorodibenzo				✓
					p-dioxin				✓

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide				✓	n,n-dimethyl aniline				
amitrole				✓	3,3-dimethyl benzidine				✓
amyl alcohols				✓	1,1-dimethylhydrazine				✓
aniline hydrochloride				✓	dioxane				✓
anisole				✓	diphenylamine				✓
auramine				✓	ethylenimine				✓
benzotrichloride				✓	hydrazine				✓
benzylamine				✓	4,4-methylene bis				✓
					(2-chloraniline)				✓
o-chloroaniline				✓	4,4-methylenedianiline				✓
m-chloroaniline				✓	methyl isobutyl ketone				✓
p-chloraniline				✓	alpha-naphthylamine				✓
1-chloro-2-nitrobenzene				✓	beta-naphthylamine				✓
1-chloro-4-nitrobenzene				✓	n-methylaniline				✓
chloroprene				✓	1,2- phenylenediamine				✓
chrysoidine				✓	1,3- phenylenediamine				✓
cumene				✓	1,4-phenylenediamine				✓
2,3-dichloroaniline				✓	sudan 1 (solvent yellow 14)				✓
2,4-dichloroaniline				✓	thiourea				✓
2,5-dichloroaniline				✓	toluene sulfonic acids				✓
3,4-dichloroaniline				✓	toluidines				✓
3,5-dichloroaniline				✓	xylidines				✓
1,3-dichloropropene				✓					
1,3-dimethoxybenzidine				✓					

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde				✓	isopropanolamine				✓
allyl alcohol				✓	kelthane				✓
allyl chloride				✓	kepone				✓
amyl acetate				✓	malathion				✓
aniline				✓	mercaptodimethur				✓
benzonitrile				✓	methoxychlor				✓
benzyl chloride				✓	methyl mercaptan				✓
butyl acetate				✓	methyl methacrylate				✓
butylamine				✓	methly parathion				✓
captan				✓	mevinphos				✓
carbaryl				✓	mexacarbate				✓
carbofuran				✓	monoethylamine				✓
carbon disulfide				✓	monomethylamine				✓
chlorpyrifos				✓	naled				✓
coumaphos				✓	napthenic acid				✓
cresol				✓	nitrotoluene				✓
crotonaldehyde				✓	parathion				✓
cyclohexane				✓	phenolsulfanate				✓
2,4-D (2,4-dichlorophenoxy)				✓	phosgene				✓
acetic acid				✓	propagrite				✓
diazinon				✓	propylene oxide				✓
dicamba				✓	pyrethrins				✓
dichlobenil				✓	quinoline				✓
dichlone				✓	resorcinol				✓
2,2-dichloropropionic acid				✓	strontium				✓
dichlorvos				✓	strychnine				✓
diethylamine				✓	stryrene				✓
dimethylamine				✓	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				✓
dinitrobenzene				✓	TDE (tetrachloro- diphenylethane)				✓
diquat				✓	2,4,5-TP 2(2,4,5- trichlorophenoxy				✓
disulfoton				✓	trichlorofon				✓
diuron				✓	triethylamine				✓
epichlorohydrin				✓	trimethylamine				✓
					propanoic acid				✓

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				✓	uranium				✓
ethion				✓	vanadium		✓		✓
ethylene diamine				✓	vinyl acetate				✓
ethylene dibromide				✓	xylene				✓
formaldehyde				✓	xlenol				✓
furfural				✓	zirconium				✓
guthion				✓					
isoprene				✓					

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**



**SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

JAMES B. HOWELL

Name of Applicant

**TRADE NAME:** Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

ALWELL INC

Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietorship    | <input type="checkbox"/> Trust                     |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Joint Venture             |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Non-Profit Corporation    |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)       |  |

\_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: JAMES HOWELL JRStreet Address: 276 RIDGE RDCity, State & Zip Code: RUTHERFORD NJ 07070Business Telephone: 973 890 7900Emergency Telephone: 201 939 3338

**SECTION TWO**

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporations's Registered Agent:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:State: NEW JERSEYDate: 5/1980**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: \_\_\_\_\_

**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

**FORM OF PARTNERSHIP:** Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

**SECTION FOUR**

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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**CERTIFICATION**

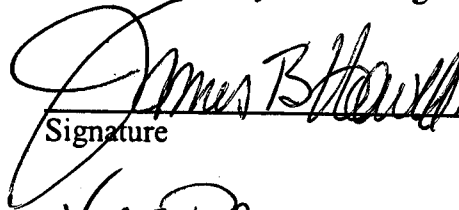
(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: \_\_\_\_\_

9/15/00

Signature

VICE PRESIDENT

Print Title &amp; Position





Passaic Valley  
Sewerage Commissioners

600 WILSON AVENUE  
NEWARK, N.J. 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

ROBERT J. DAVENPORT  
EXECUTIVE DIRECTOR

PETER G. SHERIDAN  
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CHAIRMAN

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VICE CHAIRMAN

DANIEL F. BECHT, ESQ.  
FRANK J. CALANDRIELLO  
DOMINIC W. CUCCINELLO  
PETER A. MURPHY  
ANGELINA M. PASERCHIA  
THOMAS J. POWELL  
DONALD TUCKER  
COMMISSIONERS

Industrial Fax: (973) 344-4876

RECEIPT FOR

APPLICATION FEE

**PERMIT FEE**

Received from: Altwell Inc.

Address: 5 Taft Road Totowa, N.J. 07512

Amount of Payment: \$ 750.00

Date of Payment 9/15/00

Payment Received by: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

# PASSAIC VALLEY SEWERAGE COMMISSIONERS APPLICATION FOR A SEWER USE PERMIT

## SECTION A

INDUSTRIAL 120-2670			
8110	8115	8120	8205
SEP 19 2000			

1. Company Name ACTWELL INC

2. Permit Number if applicable: \_\_\_\_\_

3. Location: SAME

Zip Code: \_\_\_\_\_

4. Mailing Address 5 TAFT ROAD  
TOTOWA NJ.

Zip Code: 07812

5. Person to contact concerning information provided in this application:

Name of Contact Official: JAMES HOWEN

Title: V.P.

Phone No. \_\_\_\_\_

Address SAME

Zip code 973-890-7900

6. Number of Employees - Full Time: 70

Part Time: \_\_\_\_\_

Number of Work Days Per Year: 249

Number of Shifts Per Day: 2

7. If property is owned indicate block and lot number(s):

BLOCK 170.04 LOT 1

Assessed Value: 2,400,000 19 99

8. If property is rented indicate name and address of owner:

HOBEN INC

5 TAFT ROAD

**altwell**  
INC.

5 TAFT ROAD - TOTOWA, NEW JERSEY 07512

DATE	REF.	AMOUNT	DISC.	NET AMT.
		Permit		

55-138/212

3240

The sum of 750 dollars 00 cts

PAY	DATE	TO THE ORDER OF	CHECK NO.	DESCRIPTION	DOLLARS	CHECK AMOUNT
	9/15/00	Passaic Valley Sewer Commission	3240			750.00

VALLEY NATIONAL BANK  
1445 VALLEY ROAD WAYNE, NJ 07470

0003240 021201383 040614735

SECURITY FEATURES: MICRO PRINT BORDERS - COLORED BRICK PATTERN - WATERMARK & CARBON STRIP ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

IRENE G. ALMEIDA  
CHAIRMAN

JAMES KRONE  
VICE CHAIRMAN

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THOMAS J. POWELL  
DONALD TUCKER  
COMMISSIONERS



Passaic Valley  
Sewerage Commissioners

600 WILSON AVENUE  
NEWARK, N.J. 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

ROBERT J. DAVENPORT  
EXECUTIVE DIRECTOR

PETER G. SHERIDAN  
CHIEF COUNSEL

LOUIS LANZILLO  
CLERK

Industrial Fax: (973) 344-4876

**RECEIPT FOR**  
**APPLICATION FEE**  
**PERMIT FEE**

Received from: Altwell Inc.

Address: 5 Taft Road Totowa, NJ. 07512

Amount of Payment: \$ 750.00

Date of Payment 9/15/00

Payment Received by: Danielle Lee

Signature: D. Lee

Amount: 750.00 Date: 9/19/00



**altwell**  
INC.

5 TAFT ROAD - TOTOWA, NEW JERSEY 07512

55-138/212

DATE	REF	AMOUNT	DISC.	NET AMT.

3240

01018870963001

PAY	TO THE ORDER OF	CHECK NO.	DESCRIPTION	DOLLARS	CHECK AMOUNT
DATE					
9/15/00	Passaic Valley Sewer Comm'n	3240			750.00

VALLEY NATIONAL BANK  
1445 VALLEY ROAD WAYNE, NJ 07470

*[Signature]*

⑈003240⑈ ⑆021201383⑆ 040⑈6473⑈5⑈

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